

<b>MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET</b> <small>(FOR USE WITH FORM PTO-875)</small>							SERIAL NO. <b>09800999</b>	FILING DATE <b>2-194</b>					
							APPLICANT(S)						
<b>CLAIMS</b>													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2							52						
3							53						
4							54						
5	1						55						
6		1					56						
7		1					57						
8		1					58						
9		1					59						
10		1					60						
11		1					61						
12	1						62						
13		1					63						
14		1					64						
15		1					65						
16		1					66						
17		1					67						
18	1						68						
19		1					69						
20		1					70						
21		1					71						
22		1					72						
23		1					73						
24	1						74						
25		1					75						
26		1					76						
27		1					77						
28	1						78						
29		1					79						
30							80						
31							81						
32							82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
<b>TOTAL IND.</b>	6						<b>TOTAL IND.</b>						
<b>TOTAL DEP.</b>	23						<b>TOTAL DEP.</b>						
<b>TOTAL CLAIMS</b>	29						<b>TOTAL CLAIMS</b>						